

TACTICAL RESPONSE REPORT/Chicago Police Department

| | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|---|--|--|-------------------------|---|--------------------|---|--|---|--|---|--|---|--|
| MEMBER INVOLVED | 1. DATE OF INCIDENT 07-JUN-2016 | | TIME 00:16:00 | | 2. ADDRESS OF OCCURRENCE 1438 W 63RD ST CHICAGO, IL 60636 | | | 3. LOCATION CODE 280 | | 4. OFFICER 0713 | | | | | | | | |
| | 5. POSITION B173 | | 6. LAST NAME WIBERG | | 7. FIRST NAME WAYNE A | | 8. STAR NO 514 | | 9. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F | | 10. RACE WHI | | 11. AGE [REDACTED] | | 12. HT 511 | | 13. WT 180 | |
| | 14. DATE OF APPT 02-MAY-1984 | | 15. EMPLOYEE NO. [REDACTED] | | 16. UNIT & BEAT OF ASSIGNMENT 007 0780R | | 17. DUTY STATUS <input checked="" type="checkbox"/> On <input type="checkbox"/> Off | | 18. MEMBER INJURED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 19. MEMBER IN TUB CHMT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| | 20. LAST NAME SHIELDS | | 21. FIRST NAME ALAN | | 22. M <input checked="" type="checkbox"/> M <input type="checkbox"/> F | | 23. RACE BLK | | 24. DATE 21-JUN-1064 | | 25. HT 507 | | 26. WT 160 | | | | | |
| SUBJECT INFORMATION | 27. ADDRESS 1812 S 80TH COURT CICERO, IL | | | | 28. TELEPHONE NO [REDACTED] | | 29. WAS SUBJECT ARMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 30. SUBJECT INJURED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 31. SUBJECT ALTH/INJURY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| | 32. WHERE WAS MEDICAL TREATMENT OBTAINED? HOLY CROSS HOSPITAL | | | | 33. BY WHOM? [REDACTED] | | 34. CONDITION <input checked="" type="checkbox"/> Hospitalized | | 35. 01 Apparently Normal | | 36. 02 Under Influence | | 37. 03 Retained Mucous Mem | | | | | |
| | 38. CHARGES PLACED [REDACTED] | | | | 39. DNA [REDACTED] | | 37. CHIT 19323335 | | | | | | | | | | | |
| | ***** PLEASE SEE NEXT PAGE ***** | | | | | | | | | | | | | | | | | |
| REASON FOR USE OF FORCE (Check all that apply) | SUBJECT'S ACTIONS | | ACTIVE MEMBER | | ABANDON/ABANDON | | ABANDON/ABANDON | | ABANDON/ABANDON | | ABANDON/ABANDON | | ABANDON/ABANDON | | ABANDON/ABANDON | | ABANDON/ABANDON | |
| | DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> | | FLED <input type="checkbox"/> | | IMMINENT THREAT OF BATTERY <input type="checkbox"/> | | ATTACK WITH WEAPON <input type="checkbox"/> | | ATTACK WITH WEAPON <input type="checkbox"/> | | ATTACK WITH WEAPON <input type="checkbox"/> | | ATTACK WITH WEAPON <input type="checkbox"/> | | ATTACK WITH WEAPON <input type="checkbox"/> | | ATTACK WITH WEAPON <input type="checkbox"/> | |
| | STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> | | PULLED AWAY <input checked="" type="checkbox"/> | | OTHER <input type="checkbox"/> | | ATTACK WITHOUT WEAPON <input type="checkbox"/> | | ATTACK WITHOUT WEAPON <input type="checkbox"/> | | ATTACK WITHOUT WEAPON <input type="checkbox"/> | | ATTACK WITHOUT WEAPON <input type="checkbox"/> | | ATTACK WITHOUT WEAPON <input type="checkbox"/> | | ATTACK WITHOUT WEAPON <input type="checkbox"/> | |
| | OTHER <input type="checkbox"/> | | OTHER <input type="checkbox"/> | | OTHER <input type="checkbox"/> | | OTHER <input type="checkbox"/> | | OTHER <input type="checkbox"/> | | OTHER <input type="checkbox"/> | | OTHER <input type="checkbox"/> | | OTHER <input type="checkbox"/> | | OTHER <input type="checkbox"/> | |
| MEMBER'S RESPONSE | MEMBER PRESENCE <input checked="" type="checkbox"/> | | OPEN HAND STRIKE <input type="checkbox"/> | | ELBOW STRIKE <input type="checkbox"/> | | KNIFE, STRIKE <input type="checkbox"/> | | KNIFE, STRIKE <input type="checkbox"/> | | KNIFE, STRIKE <input type="checkbox"/> | | KNIFE, STRIKE <input type="checkbox"/> | | KNIFE, STRIKE <input type="checkbox"/> | | KNIFE, STRIKE <input type="checkbox"/> | |
| | VERBAL COMMANDS <input checked="" type="checkbox"/> | | TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> | | CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> | | KICKS <input type="checkbox"/> | | KICKS <input type="checkbox"/> | | KICKS <input type="checkbox"/> | | KICKS <input type="checkbox"/> | | KICKS <input type="checkbox"/> | | KICKS <input type="checkbox"/> | |
| | LBC/PT MOUTHS <input checked="" type="checkbox"/> | | OC/CHEMICAL WEAPON <input type="checkbox"/> | | IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> | | IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> | | IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> | | IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> | | IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> | | IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> | | IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> | |
| | WRISTLOCK <input checked="" type="checkbox"/> | | CANINE <input type="checkbox"/> | | TASER (Probe Discharge) <input type="checkbox"/> | | TASER (Contact Blunt) <input type="checkbox"/> | | TASER (Spear Tip) <input type="checkbox"/> | | TASER (Spear Tip) <input type="checkbox"/> | | TASER (Spear Tip) <input type="checkbox"/> | | TASER (Spear Tip) <input type="checkbox"/> | | TASER (Spear Tip) <input type="checkbox"/> | |
| WEAPON DISCHARGE INCIDENT | PRESSURE SENSITIVE AREA <input type="checkbox"/> | | TASER (Contact Blunt) <input type="checkbox"/> | | TASER (Spear Tip) <input type="checkbox"/> | | TASER (Spear Tip) <input type="checkbox"/> | | TASER (Spear Tip) <input type="checkbox"/> | | TASER (Spear Tip) <input type="checkbox"/> | | TASER (Spear Tip) <input type="checkbox"/> | | TASER (Spear Tip) <input type="checkbox"/> | | TASER (Spear Tip) <input type="checkbox"/> | |
| | CONTROL INSTRUMENT <input type="checkbox"/> | | TASER (Spear Tip) <input type="checkbox"/> | | TASER (Spear Tip) <input type="checkbox"/> | | TASER (Spear Tip) <input type="checkbox"/> | | TASER (Spear Tip) <input type="checkbox"/> | | TASER (Spear Tip) <input type="checkbox"/> | | TASER (Spear Tip) <input type="checkbox"/> | | TASER (Spear Tip) <input type="checkbox"/> | | TASER (Spear Tip) <input type="checkbox"/> | |
| | OC/CHEMICAL WEAPON <input type="checkbox"/> | | TASER (Spear Tip) <input type="checkbox"/> | | TASER (Spear Tip) <input type="checkbox"/> | | TASER (Spear Tip) <input type="checkbox"/> | | TASER (Spear Tip) <input type="checkbox"/> | | TASER (Spear Tip) <input type="checkbox"/> | | TASER (Spear Tip) <input type="checkbox"/> | | TASER (Spear Tip) <input type="checkbox"/> | | TASER (Spear Tip) <input type="checkbox"/> | |
| | AUTHORIZATION <input type="checkbox"/> | | TASER (Spear Tip) <input type="checkbox"/> | | TASER (Spear Tip) <input type="checkbox"/> | | TASER (Spear Tip) <input type="checkbox"/> | | TASER (Spear Tip) <input type="checkbox"/> | | TASER (Spear Tip) <input type="checkbox"/> | | TASER (Spear Tip) <input type="checkbox"/> | | TASER (Spear Tip) <input type="checkbox"/> | | TASER (Spear Tip) <input type="checkbox"/> | |
| CASE INFO | OTHER REST PROHIBIT DRAGGING <input type="checkbox"/> | | OTHER <input type="checkbox"/> | | OTHER <input type="checkbox"/> | | OTHER <input type="checkbox"/> | | OTHER <input type="checkbox"/> | | OTHER <input type="checkbox"/> | | OTHER <input type="checkbox"/> | | OTHER <input type="checkbox"/> | | OTHER <input type="checkbox"/> | |
| | OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) | | 40. ADDITIONAL INFORMATION THIS R/LT WAS ABLE TO GET ONE CLIFF ON AND PRONG OUT THE OFFENDER TO BE ABLE TO CONTROL HIM. THIS R/LT DRAGGED HIM THROUGH A TIGHT DOORWAY UNDER CONTROL BEFORE HE WAS ABLE TO SECURE HIM BY HANDCUFFING BOTH HANDS. | | | | | | | | | | | | | | | |
| | POSITION | | STAR NO | | UNIT | | | | | | | | | | | | | |
| | 41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN | | 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER <input type="checkbox"/> | | 42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors | | 43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Post Artificial <input checked="" type="checkbox"/> 06 Court Artificial | | 44. WEATHER CONDITIONS CLEAR | | | | | | | | | |
| SIGNATURES | 45. MAKE/MANUFACTURER | | 46. MODEL | | 47. BARREL LENGTH | | 48. CALIBER/GAUGE | | | | | | | | | | | |
| | 49. TASER DART ID NO. | | 50. WEAPON SERIAL NO. (Include Letters) | | 51. CHICAGO GUN REG NO. | | 52. IL FIREARM OWNER ID NO | | 53. HANDGUN CERTIFICATE NO | | | | | | | | | |
| | 54. SPECIAL WEAPON CERTIFICATE NO. | | 55. PROPERTY INVENTORY NO | | 56. TYPE OF AMMUNITION USED | | 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER | | 58. TOTAL NO. OF SHOTS MEMBER FIRED | | | | | | | | | |
| | 59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify) | | 60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | 61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED | | 62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) | | 63. DID MEMBER USE SHOTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | | | | | | | | |
| SIGNATURES | 64. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) | | 64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD | | 65. DID MEMBER USE SHOTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | | | | | | | | | | | | |
| | 66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) | | 67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 25 FT. <input type="checkbox"/> 02 26 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT. | | | | | | | | | | | | | | | |
| | 68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN | | 69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify) | | | | | | | | | | | | | | | |
| | NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> OSS & LT/DIST. OF OCCUR. <input type="checkbox"/> CPIC | | NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> OSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. | | Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report. | | | | | | | | | | | | | |
| SIGNATURES | 73. REPORTING MEMBER (Print Name) WIBERG, WAYNE A | | STAR/EMPLOYEE NO. 514 | | SIGNATURE [REDACTED] | | | | | | | | | | | | | |
| | 08-JUN-2016 00:51:56 | | | | | | | | | | | | | | | | | |
| | Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below. | | | | | | | | | | | | | | | | | |
| | 74. REVIEWING SUPERVISOR (Print Name) DARLIN, RANDALL L | | STAR NO. 93 | | SIGNATURE [REDACTED] | | DATE REVIEWED 08-JUN-2016 09:53:16 | | TIME [REDACTED] | | | | | | | | | |

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 2) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTION WITH A DEPARTMENT MEMBER, 3) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 4) ANY OTHER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE RESULTS FROM THE SAME INCIDENT AS A DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER.

THE ASSIGNED INVESTIGATING SUPERVISOR (THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF ORIGIN) WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

15. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

offender was hospitalized and unavailable for interview.

16. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

The offender was uncooperative and combative. The officer utilized a reasonable amount of force to control and move the combative subject, based on the information available at this time, I have concluded that the member's actions were in compliance with Department procedures and directives.

17. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO./CRNO 1080871 OBTAINED

18. LIEUTENANT OR ABOVE/OCIC (Print Name)

DARLIN, RANDALL L

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

08 JUN 2016 10:18:14

19. TOTAL TRF# THIS EVENT No

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